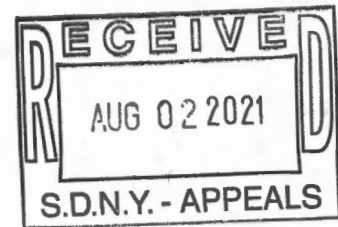


To: Clerk of Court, Southern District of New York
500 Pearl Street, New York, NY 10007

From: Brandon Green 56400054, Defendant Pro Se
MDC Brooklyn, Brooklyn, NY 11232



Date: 7/29/2021

Case: 1:16-cr-00281

NOTICE OF APPEAL

Defendant Brandon Green is hereby appealing the July 16th order (Dkt. 1024) by Judge Paul G. Gardephe to the United States Second Circuit court of appeals.

Respectfully Submitted,

Brandon Green 56400054

To: United States Court of Appeals for the Second Circuit

40 Foley Square, New York, NY 10007

From: Brandon Green Reg. No. 56400-054

Petitioner / Defendant, Pro Se

Re: Dist. Ct. Case No. 16 Cr. 281

Date: July 29, 2021

CERTIFICATE OF SERVICE

I, Pro Se defendant Brandon Green served ASUA Jessica Feinstein at 1 Saint Andrews Plaza in New York, NY on July 13, 2021, and I served Judge Paul G. Gardephe from the Southern District of New York at 40 Foley Square New York, NY on July 13, 2021¹, on my notice of intent to appeal the judgement given on June 16, 2021, Dkt. Number 1024.

Respectfully Submitted,

Brandon Green 56400054

¹ Attached are the receipts of the deliveries for both AUSA Jessica Feinstein and Judge Paul G. Gardpehe. Both were mailed out on July 13, 2021 and delivered on July 22, 2021.

7020 0640 0001 7136 4418

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<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$7.70

Total Postage and Fees \$11.30

Sent To Jessica Feinstein AWA
 Street and Apt. No., or PO Box No. One St. Andrews Plaza
 City, State, ZIP+4® New York NY 10001

Postmark Here
 COA letter notice to
 07/13/2021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$8.55

Total Postage and Fees \$12.15

Sent To Hon. Judge Paul A. Kaderofsky
 Street and Apt. No., or PO Box No. 40 Foley Square
 City, State, ZIP+4® New York NY 10007

Postmark Here
 COA Notice 2
 07/13/2021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Income source n/a	Average monthly amount during the past 12 months		Amount expected next month	
	You n/a	Spousen/a	Youn/a	Spousen/a
Employment	\$n/a	\$n/a	\$n/a	\$n/a
Self-employment	\$n/a	\$n/a	\$n/a	\$n/a
Income from real property (such as rental income)	\$ n/a	\$n/a	\$n/a	\$n/a
Interest and dividends	\$ n/a	\$ n/a	\$n/a	\$ n/a
Gifts	\$ n/a	\$ n/a	\$ n/a	\$ n/a
Alimony	\$n/a	\$ n/a	\$n/a	\$n/a
Child support	\$n/a	\$n/a	\$n/a	\$n/a
Retirement (such as social security, pensions, annuities, insurance)	\$n/a	\$n/a	\$n/a	\$n/a
Disability (such as social security, insurance payments)	\$n/a	\$n/a	\$n/a	\$n/a
Unemployment payments	\$n/a	\$n/a	\$n/a	\$n/a
Public-assistance (such as welfare)	\$n/a	\$n/a	\$n/a	\$n/a
Other (specify):	\$n/a	\$n/a	\$n/a	\$n/a
Total monthly income:	\$n/a	\$n/a	\$n/a	\$n/a

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a

4. How much cash do you and your spouse have? \$n/a

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
n/a	n/a	\$n/a	\$n/a
n/a	n/a	\$n/a	\$n/a
n/a	n/a	\$n/a	\$n/a

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ n/a	(Value) \$ n/a	(Value) \$ n/a
n/a	n/a	Make and year: n/a
		Model: n/a
		Registration #: n/a

Motor vehicle #2	Other assets	Other assets
(Value) \$ n/a	(Value) \$ n/a	(Value) \$ n/a
Make and year: n/a	n/a	n/a
Model: n/a	n/a	n/a
Registration #: n/a	n/a	n/a

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
n/a	\$ n/a	\$ n/a
n/a	\$ n/a	\$ n/a
n/a	\$ n/a	\$ n/a
n/a	\$ n/a	\$ n/a

7. *State the persons who rely on you or your spouse for support.*

Name [or, if under 18, initials only]	Relationship	Age
n/a	n/a	n/a
n/a	n/a	n/a
n/a	n/a	n/a

8. *Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$n/a	\$n/a
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$n/a	\$n/a
Home maintenance (repairs and upkeep)	\$n/a	\$n/a
Food	\$n/a	\$n/a
Clothing	\$n/a	\$n/a
Laundry and dry-cleaning	\$n/a	\$n/a
Medical and dental expenses	\$n/a	\$n/a
Transportation (not including motor vehicle payments)	\$n/a	\$n/a
Recreation, entertainment, newspapers, magazines, etc.	\$n/a	\$n/a
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$n/a	\$n/a
Life:	\$n/a	\$n/a
Health:	\$n/a	\$n/a
Motor vehicle:	\$n/a	\$n/a
Other:	\$n/a	\$n/a
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ n/a	\$ n/a
Installment payments n/a		
Motor Vehicle: n/a	\$n/a	\$n/a
Credit card (name): n/a	\$n/a	\$n/a
Department store (name): n/a	\$n/a	\$n/a
Other: n/a	\$n/a	\$n/a

Alimony, maintenance, and support paid to others	\$ n/a	\$ n/a
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ n/a	\$ n/a
Other (specify):	\$ n/a	\$ n/a
Total monthly expenses:	\$ n/a	\$ n/a

9. *Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?*

☐ Yes ☒ No

If yes, describe on an attached sheet.

n/a

10. *Have you spent - or will you be spending - any money for expenses or attorney fees in connection with this lawsuit?* ☐ Yes ☒ No

If yes, how much? \$ n/a

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I am incarcerated and I have been incarcerated since May 2017. I barely have enough financial resources to sustain myself while incarcerated.

12. *State the city and state of your legal residence*

MDC Brooklyn, Brooklyn NY

Your daytime phone number: n/a

Your age: 38 Your years of schooling: n/a

BRANDON GREEN 56400054
MDC Brooklyn
P.O. BOX 329002
Brooklyn NY 11232

appeals

USM^{5W}
SDNY

Clerk of Court. SDNY
500 Pearl St.
New York, NY 10007

